STANDARD FORM SF-18 **REQUEST FOR QUOTATIONS** *(THIS IS NOT AN ORDER)*	THIS RFQ [ ] IS [x] IS NOT A SMALL BUSINESS-SMALL PURCHASE SET-ASIDE (52.219-4)	PAGE 1	OF	PAGES 48

1. REQUEST NO.	2. DATE ISSUED	3. REQUISITION/PURCHASE REQUEST NO.	4. CERT. FOR NAT. DEF. UNDER BDSA REG. 2 AND/OR DMS REG. 1	RATING
19S16026Q0008	**June 9, 2026**	**PR16061852**		

5A. ISSUED BY
EMBASSY OF THE UNITED STATES OF AMERICA
GENERAL SERVICES OFFICE
PREŠERNOVA 31,
1000 LJUBLJANA, SLOVENIA

6. DELIVER BY *(Date)*

5B. FOR INFORMATION CALL: *(Name and telephone no.) (No collect calls)*

NAME	TELEPHONE NUMBER	
	AREA CODE	NUMBER
Marijan Kruhar, Procurement Supervisor e-mail: kruharm@state.gov		

7. DELIVERY
(_) FOB DESTINATION
(X) OTHER *(See Schedule)*

8. TO:

a. NAME	b. COMPANY

c. STREET ADDRESS

d. CITY	e. STATE	f. ZIP CODE

9. DESTINATION

a. NAME OF CONSIGNEE	
b. STREET ADDRESS	
c. CITY	
d. STATE	e. ZIP CODE

10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE IN BLOCK 5A ON OR BEFORE
July 1, 2026 by 13:00 hrs

IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter

11. SCHEDULE *(Include applicable Federal, State and local taxes; Do not include VAT!)*

ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	CMR BATHROOM RENOVATION (See attached pages with attachments for description of full services required)				
CLIN 001	Leak identification and repair	1	SE		
CLIN 002	Bathroom Renovation	1	SE		
CLIN 003	VAT	1	SE		

12 DISCOUNT FOR PROMPT PAYMENT	a. 10 CALENDAR DAYS	b. 20 CALENDAR DAYS	c. 30 CALENDAR DAYS	d. CALENDAR DAYS	
	%	%	%	NUMBER	%

NOTE: Additional provisions and representations [ ] are [ ] are not attached.

13 NAME AND ADDRESS OF QUOTER			14 SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION	15 DATE OF QUOTATION
a. NAME OF QUOTER				
b. STREET ADDRESS			16. SIGNER	
c. COUNTY			a. NAME (Type or print)	b. TELEPHONE
d. CITY	e. STATE	f. ZIP CODE	c. TITLE (Type or print)	AREA CODE NUMBER